



05-02-01

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UTILITY PATENT

Attorney Docket **APPLICATION** 2132.040

**TRANSMITTAL**      FIRST NAMED INVENTOR  
OR APPLICATION IDENTIFIER

for nonprovisional applications under 37 CFR 1.53(b) Inventor Jackowski et al  
TITLE: BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1562 DALTONS  
EXPRESS MAIL LABEL NO. US6080946061US Date submitted: 04/30/01

986 U.S. PTO  
09/845738

**APPLICATION ELEMENTS**

Box Patent Application  
Washington, D.C. 20231

1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification <u>36</u> Total Pages (preferred arrangement set forth below)	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
-Descriptive title of the Invention	a. <input type="checkbox"/> Computer Readable Copy	
-Cross References to Related Applications	b. <input type="checkbox"/> Paper Copy (Identical to computer copy)	
-Statement Regarding Fed sponsored R&D	c. <input type="checkbox"/> Statement verifying identity of above copies	
-Reference to Microfiche Appendix	ACCOMPANYING APPLICATION PARTS:	
-Background of the Invention	8. <input type="checkbox"/> Assignment Papers (copy)	
-Brief Summary of the Invention	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney	
-Brief Description of the Drawings (if filed)	10. <input type="checkbox"/> English Translation Document (if applicable)	
-Detailed Description	11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 <input type="checkbox"/> Citations	
-Claim(s)	12. <input type="checkbox"/> Preliminary Amendment	
-Abstract of the Disclosure	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 13) <u>2</u> New Sheets	14. <input type="checkbox"/> Small Entity(2) <input type="checkbox"/> Statement filed in prior (Unsigned) Statement(s) <input type="checkbox"/> Application	
4. <input checked="" type="checkbox"/> Decl./Pow. of Att. <u>2</u> Total pages (COPY)	a. <input type="checkbox"/> Combined Executed (original or copy) for C-I-P application)	
	b. <input type="checkbox"/> Copy from a prior appln. (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)	

#### ACCOMPANYING APPLICATION PARTS:

8.  Assignment Papers (copy)  
9.  37 CFR 3.73(b) Statement  Power of Attorney  
10.  English Translation Document (if applicable)  
11.  Information Disclosure  Copies of IDS  
Statement (IDS)/PTO-1449  Citations  
12.  Preliminary Amendment  
13.  Return Receipt Postcard (MPEP 503)  
14.  Small Entity(2)  Statement filed in prior  
(Unsigned) Statement(s)  Application

**[Note Box 5 Below]**

15.  Certified Copy of Priority Document(s)  
(If foreign priority is claimed)

Signed statement attached deleting 16.  
inventor(s) named in the prior application,  
see 37 CFR 1.63(d)(2) and 1.33(b)

16.  Other: \_\_\_\_\_  
tion, \_\_\_\_\_

5.  **Incorporation By Reference** (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the Oath or Declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No. \_\_\_\_\_

**18. CORRESPONDENCE ADDRESS**

NAME: Michael A. Slavin McHale & Slavin, P.A. fall in line  
ADDRESS: 4440 PGA Blvd., Suite 402  
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SEND TO: Michael A. Slavin McHale & Slavin, P.A. 4440 PGA Blvd. Suite 402 Palm Beach Gardens FL 33410 U.S.A.

# FEE TRANSMITTAL for FY2001

Date: 04/30/01

Total Amount DUE: \$ 355.00

## METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge the filing fees and any additional fees to:

Deposit:

Account No. \_\_\_\_\_

Deposit

Account Name: \_\_\_\_\_

Charge any additional Fee required under 37 CFR 1.15 and 1.17 \_\_\_\_\_

Applicant claims small entity status. See. 37 CFR

1.27

## 2. Payment Not submitted

Check  Money Order  Other

## FEE CALCULATION

### 1. FILING FEE

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	FEE DESCRIPTION/FEEL PAID
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101 710 201 355 Utility filing fee 355

106 320 206 160 Design filing fee \_\_\_\_\_

107 490 207 245 Plant filing fee \_\_\_\_\_

108 710 208 355 Reissue filing fee \_\_\_\_\_

114 150 214 75 Provisional filing fee \_\_\_\_\_

**SUBTOTAL(1) \$355.00**

Fee from

### 2. CLAIMS

Extra below Fee Paid

Total Claims 2 20 = -3- x 9 = \$ -0-

Independent 1 - 3 = -0- x 40 = \$ -0-

Multiple Dep 0 \_\_\_\_\_ x \_\_\_\_\_ = \$ -0-

Claims

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	FEE DESCRIPTION
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103 22 203 11 Claims in excess of 20

102 82 202 41 Ind. Claims in excess of 3

149 790 249 Final rejection (37 CFR .129(a))

104 270 204 135 Mult. Dependent claim

395 For each addnl. invention

109 82 209 41 Reissue Independent Claims over Original Patent

to be examined (37 CFR 1.129(b))

110 22 210 11 Reissue Claims in excess of 20 and over original patent

Other fee (specify) \_\_\_\_\_

20 and over original patent

**FEE SUBTOTAL(2) \$ 355.00** \*Reduced by Basic filing fee **SUBTOTAL(3)** \_\_\_\_\_

Michael A. Slavin

Typed or printed Name: Michael A. Slavin

Signature: Michael A. Slavin

Application Number : N/A

Filing Date : N/A

First Named Inventor: Jackowski et al

Group Art Unit : N/A

Examiner Name : N/A

Attorney Docket No. 2132.040

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES:

Fee Code	Large Entity Fee (\$)	Small Entity Fee Code (\$)	FEE DESCRIPTION
105	130	205	Surcharge - late filing fee/oath
127	50	227	Surcharge - late provisional filing fee or cover sheet.
139	130	139	Non-English specification
147	2520	147	For filing a Request. for Exam.
112	920*	112	Req. publication of SIR prior Examiner Action
115	110	215	Extension - first month
116	400	216	Extension - second month
117	950	217	Extension - third month
118	1510	218	Extension - fourth month
128	2060	228	Extension - fifth month
119	310	219	Notice of Appeal
120	310	220	Brief in support of Appln.
21	270	221	Req. for Oral Hearing
138	1510	138	Petition to Institute Public Use Proceeding
140	110	240	Pet. to revive - unavoidable
141	1320	241	Pet. To revive - unintentional
142	1320	242	Utility Issue Fee
143	450	243	Design Issue Fee
144	670	244	Plant Issue Fee
122	130	122	Petitions to Commissioner
123	50	123	Petitions re: Provisional
126	240	126	Sub. Of Infor. Discl. Stmt.
581	40	581	Record. Patent Assign. Per property
146	290	246	Filing a Submission After Final rejection (37 CFR .129(a))
149	790	249	395 For each addnl. invention to be examined (37 CFR 1.129(b))
110	22	210	Other fee (specify) _____

**SUBMITTED BY:** \_\_\_\_\_

Michael A. Slavin

Reg. No. 34,016

Date: 04/30/01 Dep. Acct.: \_\_\_\_\_

**CERTIFICATE OF EXPRESS MAIL**

**Express Mail Mailing Label: EL608094606US**

I HEREBY CERTIFY that the following correspondence: **UTILITY APPLICATION TRANSMITTAL; FEE CALCULATION SHEET; APPLICATION, INCLUDING CLAIMS; 2 SHEETS OF DRAWINGS; DECLARATION/POWER OF ATTORNEY (unsigned); Mail Mailing Certificate; RETURN-RECEIPT postcard**; regarding the Application entitled: **BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1562 DALTONS** is being deposited with the United States Postal Service as EXPRESS MAIL, POST OFFICE TO ADDRESSEE, in an envelope addressed to:

Commissioner of Patents & Trademarks  
Box Patent Application  
Washington DC 20231

on APRIL 30, 2001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code.



Cathy Nicholson  
Legal Assistant

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